

BIRTH NO.

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 80

1. PLACE OF DEATH A. COUNTY <u>Graham</u>		B. LENGTH OF STAY IN THIS TOWN <u>60 yrs</u> IN ARIZONA <u>60 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Graham</u>	
C. CITY OR TOWN <u>Safford</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Safford</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy 70 &amp; Central Ave.</u>		D. STREET ADDRESS <u>909 8th Ave.</u>		IF RURAL, GIVE LOCATION	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>William</u> B. (MIDDLE) <u>David</u> C. (LAST) <u>Birdno</u>		4. SEX <u>M.</u>		5. COLOR OR RACE <u>White</u>	
6B. NAME OF SPOUSE <u>Theresa F. Birdno</u>		7. DATE OF BIRTH MONTH <u>03</u> DAY <u>13</u> YEAR <u>1895</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>60 yrs.</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Hour Mill</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
14A. FATHER'S NAME <u>David William Birdno</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>		15A. MOTHER'S MAIDEN NAME <u>Millie Mae Hows</u>	
16. INFORMANT'S SIGNATURE <u>David Ray Birdno</u>		ADDRESS <u>Safford, Ariz.</u>		17. DATE OF DEATH (MONTH) <u>11</u> (DAY) <u>16</u> (YEAR) <u>55</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), (3). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. <u>Shock</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Coronary Arteriosclerosis &amp; Left Femur &amp; Brain Compression</u> DUE TO (C) <u>Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> D.O.A.	
PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>11/16</u> , 19 <u>55</u> , TO <u>11/16</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>D.O.A.</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>2:12 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <u>Dr. Nelson</u>		(DEGREE OR TITLE)		22B. ADDRESS <u>Safford Ariz.</u>	
23A. <u>ACCIDENT</u> (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Highway 70</u>		23C. CITY OR TOWN <u>Safford</u> (COUNTY) <u>Graham</u> (STATE) <u>Ariz.</u>	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>11 16 55 70P</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>Hit by car when crossing street</u>	
24A. CORONER'S SIGNATURE <u>L. M. Stratton</u>		24B. ADDRESS <u>507 6009</u>		24C. DATE SIGNED <u>11/16/55</u>	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>11/19/55</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Safford Cemetery</u>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Safford, Arizona</u>		26A. DATE REC. BY LOCAL REG. <u>11-18-1955</u>		26B. REGISTRAR'S SIGNATURE <u>Deputy Registrar</u>	
26C. GENERAL DIRECTOR'S SIGNATURE <u>Deputy Registrar</u>		26D. ADDRESS <u>Safford Ariz</u>		26E. DATE SIGNED <u>11/18/55</u>	